

# Buchanan County Head Start

## Family Engagement



*Where Learning is Fun!*

Buchanan County Head Start Program  
PO Box 1167  
Grundy, VA 24614  
(276) 935.2333 (phone)  
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**Buchanan County Head Start**  
*Family Engagement Agreement*

**Parent(s)/Guardian(s):** \_\_\_\_\_

**Child:** \_\_\_\_\_

**Center:** \_\_\_\_\_

**A. Activities parents would like to participate in:**

- Volunteer in the classroom
- Volunteer on socializations
- Attend monthly parents meetings
- Prepare educational materials at home
- Plan activities, field trips and parties

**B. Topics parents would like to learn more about:**

- Family planning, birth control
- Weight control, grooming, dress
- First Aid, CPR, home safety
- Budgeting, wise shopping habits
- Housing Repairs
- Child Support
- Marriage, family counselling
- Parent/child interaction
- Creativity
- Health
- Stress
- Child Development
- Child behavior management
- Nutrition

This information may be provided at parent meetings, special groups, or individual information made available through referrals.

**C. Employment Skills:**

Is the parent interested in the following areas?

- Employment
- Job Skill improvement
- Assistance with Day Care
- GED (Literacy)

**D. Health**

- ( ) Parent needs dental assistance: Explanation: \_\_\_\_\_
- ( ) Parents needs information on health and sanitation
- ( ) Mother is pregnant
- ( ) Need medical care information related to pregnancy
- ( ) Family needs medical insurance
- ( ) Family has primary health physician
- ( ) Parent has special needs due to a child's disability:

Explanation:

**E. Community Social Services:**

Family is enrolled in:

TANF/Welfare	( ) Yes	( ) No	( ) Interested
Food Stamps	( ) Yes	( ) No	( ) Interested
WIC	( ) Yes	( ) No	( ) Interested
FAMIS	( ) Yes	( ) No	( ) Interested
Medicaid	( ) Yes	( ) No	( ) Interested
Child Support	( ) Yes	( ) No	( ) Interested
SS Supplement SSI	( ) Yes	( ) No	( ) Interested
Social Security Benefits	( ) Yes	( ) No	( ) Interested
Unemployment	( ) Yes	( ) No	( ) Interested
Other Social Services			
Received (specify)	( ) Yes	( ) No	( ) Interested

**F. Community Needs:**

Community concerns parents may have:

- ( ) High cost of rent
- ( ) High cost of food
- ( ) Inadequate transportation
- ( ) Lack of jobs in their skill area
- ( ) High utility cost
- ( ) Lack of affordable Day Care
- ( ) High cost of fuel
- ( ) Crime safety

**Immediate Needs**

I have an immediate need for the following assistance: \_\_\_\_\_

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**Family Goals:** *This is to be completed by the parent:*

▪ **Goal #1**

\_\_\_\_\_  
\_\_\_\_\_

Expected Completion Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date Completed:

\_\_\_\_/\_\_\_\_/\_\_\_\_

▪ **Goal #2**

\_\_\_\_\_  
\_\_\_\_\_

Expected Completion Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date Completed:

\_\_\_\_/\_\_\_\_/\_\_\_\_

▪ **Goal #3**

\_\_\_\_\_  
\_\_\_\_\_

Expected Completion Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date Completed:

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Objectives:** *Strengths and resources used by family for achieving goals:*

▪ \_\_\_\_\_ Expected Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

▪ \_\_\_\_\_ Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Services Provided by Head Start** (*referrals, workshops, info, etc.*)

▪ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

▪ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

▪ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Information shared between parents/guardians and Head Start employees will remain confidential unless there is written consent authorized by the parent. The forms are maintained in locked file cabinets marked confidential.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_